

L2300070611

Florida Department of State
Division of Corporations
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Division of Corporations
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Email Address: CHEFJOCEELYSE@GMAIL.COM

RECEIVED
2023 APR 10 PM 3:29
CORPORATIONS
COMMERCIAL
SERVICES

FLORIDA LIMITED LIABILITY CO.
Equipoise Equilibrium LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

2023 APR 10 PM 3:02
STATE
RE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Equipoise Equilibrium LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

2424 SE 17th Street #315B
Fort Lauderdale, FL 33316

2424 SE 17th Street #315B
Fort Lauderdale, FL 33316

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

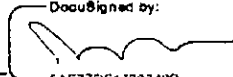
Jocelyne Elyse Mackay
Name

2424 SE 17th Street #315B
Florida street address (P.O. Box **NOT** acceptable)

Fort Lauderdale FL 33316
City Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

DocuSigned by:



Registered Agent's Signature (REQUIRED)

Jocelyne Elyse Mackay

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Jocelyne Elyse Mackay

2424 SE 17th Street #315B

Fort Lauderdale, FL 33316

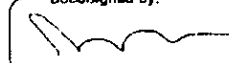
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

DocuSigned by:

5AE77DF:728340B

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Jocelyne Elyse Mackay

Typed or printed name of signee